

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/15/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445256</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03 - FRONT BUILDING</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/14/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARTSVILLE CONVALESCENT CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>649 MCMURRY BLVD</b> <b>HARTSVILLE, TN 37074</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	<b>INITIAL COMMENTS</b>  A Life Safety revisit survey was conducted on 03/14/2017 for all previous deficiencies cited on 11/13/2017. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.	{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN8501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - REAR BUILDING  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/13/2017
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NAME OF PROVIDER OR SUPPLIER

HARTSVILLE CONVALESCENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

649 MCMURRY BLVD  
HARTSVILLE, TN 37074

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N 835	<p>1200-8-6-.08 (5) Building Standards</p> <p>(5) No new nursing home shall be constructed, nor shall major alterations be made to an existing nursing home without prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new nursing home is licensed or before any alteration or expansion of a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the rules of the Board of Architectural and Engineering Examiners.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility made major alterations to the building without prior approval from the Tennessee Department of Health.</p> <p>The findings included:</p> <p>Observation and interview on 11/13/2017 at 11:38 AM, revealed the facility removed one door from the dining room and created a medication cart alcove and relocated another door changing the exits from the dining room.</p> <p>The maintenance supervisor was present when the deficiency was identified and the</p>	N 835	<p>N 835</p> <p>(5) No new nursing home shall be constructed, nor shall major alterations be made to an existing nursing home without prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new nursing home is licensed or before any alteration or expansion of a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the rules of the Board of Architectural and Engineering Examiners.</p> <p>The door was relocated to the center of the dining room. There wasn't a major change in the design of the dining room.</p> <p>A request will be made to the TN Department of Health regarding relocating the entrance to the dining room.</p>	12-31-17

*works on approval*

Division of Health Care Facilities  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Taboral Gensley*

TITLE

*NHA*

(X6) DATE

*12-6-17*

DATE FORM

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If continuation sheet 1 of 2

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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN8501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - REAR BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  11/13/2017
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NAME OF PROVIDER OR SUPPLIER  HARTSVILLE CONVALESCENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074
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N 835	Continued From page 1  administrator acknowledged the deficiency during the exit conference on 11/13/2017.	N 835		

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